HYGEIA
Medical Supplies and Services



# PERCEPTION OF CARE/SATISFACTION SURVEY

You are our valued customer and your opinion is important to us. Completion of this survey will help us improve our services to you and to others who use home care equipment.

| | | Very Satisfied | Somewhat Satisfied | Not Satisfied | Not Applicable |
|---|---|---|---|---|---|
| 1. | Did the home equipment/supplies always arrive in good working order and with a clean and neat appearance? | ❑ | ❑ | ❑ | ❑ |
| 2. | Did your medical equipment supplies arrive at the scheduled delivery time? | ❑ | ❑ | ❑ | ❑ |
| 3. | Were delivery personnel knowledgeable about your equipment? | ❑ | ❑ | ❑ | ❑ |
| 4. | Were you adequately instructed in the use and care of the equipment to allow you to comfortably use your equipment/supplies? | ❑ | ❑ | ❑ | ❑ |
| 5. | Were our delivery and service personnel friendly, professional and courteous? | ❑ | ❑ | ❑ | ❑ |
| 6. | Were you informed about our 24-hour availability, our after-hours telephone and your rights and responsibilities? | ❑ | ❑ | ❑ | ❑ |
| 7. | Were you informed about our grievance/complaint process and the 24-hour state hot line? | ❑ | ❑ | ❑ | ❑ |
| 8. | Have you been able to obtain help/services after hours by using our after-hours telephone number? | ❑ | ❑ | ❑ | ❑ |
| 9. | Have all questions regarding payment or billing been handled to your satisfaction? | ❑ | ❑ | ❑ | ❑ |
| 10. | Has the medical equipment or supplies performed as expected? | ❑ | ❑ | ❑ | ❑ |
| 11. | Has our customer service staff helped you in a timely, courteous fashion? | ❑ | ❑ | ❑ | ❑ |
| 12. | Has our customer service staff resolved your concerns? | ❑ | ❑ | ❑ | ❑ |

Comments:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

*We appreciate the time taken to complete and return this survey.*

*Optional*: Name: ______________________________________________ Phone: ________________

If you'd like to be contacted about our services, please list your name and telephone number.

BENEFICARY SIGNATURE: ________________________________________DATE:________________

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